

November 9, 2011

CERTIFIED MAIL
(7007 1490 0003 4201 1182)

A Good Shepherd AFH LLC-Licensee
Edwin Bondoc-Entity Representative
A Good Shepherd AFH LLC
6017 188th Street SW
Lynnwood, Washington 98037

License #751814

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Mr. Bondoc:

This letter constitutes formal notice of the imposition of conditions on the license for your adult family home, located at **6017 188th Street SW, Lynnwood, Washington**, by the State of Washington, Department of Social and Health Services. This action is taken under the authority granted in RCW 70.128.160, chapter 43.20A RCW and 388-76-10940.

The conditions are based on violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) regulations found by the department at your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on November 8, 2011.

WAC 388-76-10390 (2)(b) Admission and continuation of services./WAC 388-76-10865 (2) Emergency evacuation from adult family home.

The provider failed to ensure all residents living in the home were able to be evacuated in 5 minutes or less as required. This failure placed residents at risk for injury from a delay or inability to exit the home.

WAC 388-76-10880 (2)(a) Emergency evacuation adult family home bedrooms.

The provider failed to ensure all residents who required assistance in the event of an emergency evacuation did not have to use stairs to exit the home. Two of the three residents living upstairs were not capable of getting out of the house without assistance from another individual. This placed the residents at risk for injury from a delay or inability to exit the home in the event of an emergency.

The department has determined that the following conditions shall be placed on your adult family home license:

- *Home must have 2 caregivers present in the home at all times.*
- *The licensee must post the license with the enclosed Notice of Conditions of Operation in the adult family home in a location accessible to residents and visitors.*

The conditions on your license were verbally imposed on November 4, 2011. As provided in RCW 70.128.160(4), WAC 388-76-10990 (7), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

**Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489**

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

**Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225**

The written request should:

- Identify the enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to:
Lynne Dasher, Field Manager
3906 172nd St NE, Suite #100
Arlington, Washington 98223

If you have any questions, please contact Lynne Dasher, Field Manager at (360) 651-6863.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

cc: Janice Schurman, Compliance Specialist
Field Manager, District 2, Unit A
RCS District Administrator, District 2
HCS Regional Administrator, Region 2
DDD Regional Administrator, Region 2
WA LTC Ombudsman
Area Agency on Aging, AAA- Sno
Medicaid Fraud Control Unit
John Ficker, HCS
HQ Central Files